



Teacher of the Year Clinic

MONDAY, MAY 12, 2008 • 10 A.M. TO 3 P.M.

CAPITOL PLAZA HOTEL

415 W. McCARTY ST. • JEFFERSON CITY, MO 65101

★ Instructions and practical tips to help candidates prepare their applications
★ Questions and answers on all phases of the selection process
★ Designed for candidates and other district staff

FILL OUT THE REGISTRATION FORM BELOW AND RETURN IT
WITH A CHECK FOR \$25 PER PERSON BY APRIL 21.

Missouri Teacher of the Year Program

Phone: (573) 751-2453 • Fax: (573) 751-9434

TEACHER OF THE YEAR CLINIC REGISTRATION FORM

(Please type the required information. Use the tab key to navigate.)

School district: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone: () _____

Person(s) attending: _____

Registration fee: \$25 (per person)

Registration deadline: April 21, 2008

Make check payable to: Treasurer, State of Missouri

Return registration form with payment to:

David Welch, Teacher of the Year Program
Missouri Department of Elementary and Secondary Education
P.O. Box 480; Jefferson City, MO 65102-0480